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PATENT
ATTORNEY DOCKET NUMBER: 04844/005005

Certificate of Mailing: Date of Deposit: November 7, 2005

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Mishel M. Horta

Printed name of person mailing correspondence

Mishel M. Horta

Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rima Rozen Art Unit: 1634
Serial No.: 09/931,795 Examiner: Carla J. Myers
Filed: August 16, 2001 Customer No.: 21559
Patent No.: 6,833,243 B2
Issued: December 21, 2004
Title: METHODS FOR SELECTING A THERAPY FOR A SUBJECT
SUFFERING FROM SCHIZOPHRENIA

Mail Stop Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION UNDER 37 C.F.R. § 1.183 TO CORRECT ASSIGNEE

Patentee requests that 37 C.F.R. § 3.81(a) be waived to permit the correct name of the assignee to be provided after issuance of the above-referenced patent. Nuvelo, Inc. was inadvertently named as the Assignee on the PTOL 85B form when the issue fee payment was filed on November 5, 2004. To rectify this error, Patentee encloses the assignment recorded for parent application, U.S.S.N. 09/592,595 on October 19, 2000 at Reel 011191, Frame 0771, and the processing fee associated with 37 C.F.R. § 1.17(h).

05/02/2006 CKHLOK 00000022 6833243

01 FC:1808

130.00 OP

11/10/2005 TBESHHAH1 00000028 032095 6833243
02 FC:1462 270.00 DA 130.00 OP
Adjustment date: 05/02/2006 CKHLOK
11/10/2005 TBESHHAH1 00000028 032095 6833243
02 FC:1462 270.00 CR -130.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4/13/06

2 Serial/Patent # 6833243

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

☒ Petition

11/9/05

\$ 270

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 270

8 TO BE REFUNDED BY:

☒ Treasury Check

☒ Credit Deposit A/C #:

9

0	3	--	2	0	2	5
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10 REASON:

☒ Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: E Shirey Willis

TITLE: Pat Atty

SIGNATURE: E Shirey Willis

PHONE: 272-3230

OFFICE: Office of Petition

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 5/2/06

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